

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027355

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUL 30 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 52 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 819 E. 19th. St.		d. STREET ADDRESS (If outside, give location) 5630 E. 16th. Terrace	
3. NAME OF DECEASED (Type or print) First ALBERT Middle C. Last STONE		4. DATE OF DEATH Month July Day 12 , Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-26-1888
9. AGE (last birthday) 73		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Superintendant		10b. KIND OF BUSINESS OR INDUSTRY Endicott Enterprises Lamar, Missouri	
11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME FRANK P. Stone		13b. MOTHER'S MAIDEN NAME NANCY C. ANTILE	
14. NAME OF HUSBAND OR WIFE Mrs. Ethel Stone		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Mrs. Ethel Stone		Address 5630 E. 16th. Terrace	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from March 1, 1960 to July 12, 1962 and last saw him alive on 30 June 1962 Death occurred at 2:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward Fisher M.D.		22b. ADDRESS 506 E 21st WKC 16 MO	
22c. DATE SIGNED 7-13-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-14-62		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR Mellody-McGilley-Eylar	
ADDRESS Woodland		25. DATE RECD. BY LOCAL REG. 7-13-62	
26. REGISTRAR'S SIGNATURE Ruth H. Long			

DOCUMENT

MEDICAL CERTIFICATION

Ed Fisher

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

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2 228

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5 1

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9 4200

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12 90-0

13

USE BLACK INK
OR
TYPEWRITER RIBBON

Take to Trinity
This AM & leave
for Mr. to sign
Mr. Edw. Fisher

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.